

FORM - IV

(See rule 21 (1) of the contract Labour
(Regulation and abolition) Central Rules, 1971)

APPLICATION FOR LICENCE

1. Name and address of the Contractor (including his Father's Name). Mr. Ivachen Thankachen(Director)
S/o Mr. Thankachen . M
House No. 209 E/16, Pratap Nagar, Gurgaon
Haryana, 122001
2. Date of Birth and Age (in case of Individual) 37 Years
-
- 3 Particulars of Establishment where Contract Labour is to be Employed Sir.Ganga Ram Hospital,Rajinder Nagar, New Delhi-110060
- (a) Name and Address of the Establishment
- (b) Type of Business, Trade, Industry, Manufacture or Occupation, Which is Carried on in the Establishment Security Services
- (c) Number and date of Certificate of Registration of the Establishment under the Act
- (d) Name and Address of the Principal Employer Sir Ganga Ram Hospital,Rajinder Nagar, New Delhi-110060
- 4 (a) Nature of work of in which Contract Labour is Employed or is to Employed in the Establishment Security deployment
- (b) Duration of the proposed contract work (give proposed date of commencing and ending). 01-04-2014 to 31-03-2015
- © Name and address of the agent or manager of contractor at the work establishment. Mr.Mohinder Preet Singh
General Manager (operation)
C/o SAMS Facilites Management Pvt. Ltd.
Plot No-14 Secotr 44 Gurgaon
- (d) Max. No. of persons are to be employed in contract Labour in the establishment. 335 Workers.
5. Whether the contractor was Convicted of any offence within the preceding five years If so give Details. NO

Signature of the Licensing Officer

- 6. Whether there was any order against the Contract Revoking or Suspending Licence or Forfeiting Security Deposits in respect of an earlier Contract.If so the Date of such order NO
- 7 Whether the contractor has worked in any other Establishment within the Past Five Yaers if so, give details of the Principal Employer, Establishments and Nature of work NIL
- 8 Whether a Certificate by the Principal Employer in Form V is enclosed YES
- 9 Amount of Licence Fee- Name of the S.B.I.old secretaryate delhi,Receipt No nil-dated _____2014 Rs-1000/-
- 10 Amount of Security Deposit-Name of the S.B.I.old secretaryate delhi Receipt No nil dated _____2014 Rs-60300/-

Note:- The Application shall be accompanied by demand draft and challan for the appropriate amount and a certificate in Form V from the Principal employer date of the receipt of the applicate with demand draft and the challan for fees/ security deposit.

DECLARATION

I, hereby declare that the details given above are correct to the best of my knowledge and belief.


 Signature of the Applicant
 (Contractor)

Place:
Date:

Note:

The Application should be accompanied by a Treasury Receipt and Certificate in Form 5 from each of the Principal Employer.

_____ (T be filled by the Office of the Licensing Officer)

Date of receipt of the application with Challan, or fees/security deposit.

Signature of the Licensing Officer